FORM D

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D MAY 1 2003 PURSUANT TO REGULATION D,

OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31, 1998
Estimated average burden
hours per response . . . 16.00

SEC US	E ONLY
Prefix	Serial
DATE R	ECEIVED
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TX

Filing Under (Check box(es) that	t apply): Rule 504	☐ Rule 505	☐ Rule 506	☐ Section 4(6)	☐ ULOE
Type of Filing: Q New Filing	□ Amendment				
	A. BASI	C IDENTIFICA	ATION DATA		
. Enter the information request	ed about the issuer	· · · · · · · · · · · · · · · · · · ·	·		
Name of Issuer (check if the Apex Resources,		name has chan	ged, and indica	ite change.)	03057641
Address of Executive Offices 705 Capital of Tx				Telephone Number 512-328-0	r (Including Area Code) 647
Address of Principal Business O if different from Executive Offi		Street, City, Sta	te, Zip Code)	Telephone Number	PROCESSED
Brief Description of Business					MAY 1,6,2003
Oil and gas l	Leasing, opera	tions and	l activit	ies	THOMSON FINANCIAL
Type of Business Organization				Undivided	fractional
☐ corporation	☐ limited partnershi	p, already form	ed	🔯 other (please spe	cify):working interes
☐ business trust	limited partnershi	p, to be formed		in gage &	oil leases

SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	2 Promoter	■ Beneficial Owner	Executive Officer	Director.	l General and/or Managing Partner
Full Name (Last name first, it Garcia, Mario					
Business or Residence Address 1705 Capital			Zip Code) Austin, TX	78/46	
Check Box(es) that Apply:	Promoter	Deneficial Owner	Executive Officer	√ Director	General and/or Managing Partner
Full Name (Last name first, is Egloff, James					
Business or Residence Address	(Number a	nd Street, City, State,	Cip Code)		
1705 Capital	of Tx Hw	y S, Ste 205	Austin, TX 7	8746	<u> </u>
Check Box(es) that Apply:	Promoter	Cl Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, il	f individual)				
Business or Residence Address	s (Number a	nd Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	Promoter	Li Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				/
Business or Residence Address	(Number a	nd Street, City, State, 2	(ip Codě)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number a	nd Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		5. -	· · · · · · · · · · · · · · · · · · ·	
Business or Residence Address	(Number a	nd Street, City, State, 2	Cip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	,	<u></u>		
			<u> </u>		

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i 1. Has ti	he issuer s	old ordo	es the issu	er intend	n sell to	non-accred	lited inves				·	Yes	No
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2 What	is the min	imum inv											
Z. Wilat	is the min	minum mve	estilicate (11	at will be	accepted i	TOTAL ATTY II	idividual;	•••••	• • • • • • • •	• • • • • • • •	• • • • • • • •	-	
3. Does	the offerin	ig permit j	joint owne	rship of a	single uni	it?						Yes . Dz	No
sion o to be list th	the inform or similar re listed is an ee name of aler, you n	muneratio associated the broker	n for solic 1 person o r or dealer	itation of present of the state	ourchasers a broker o than five (in connecti or dealer re (5) persons	ion with sa gistered w to be liste	ies of secur ith the SEC d are assoc	rities in the	offering.	If a persor	n i.	
ull Name	(Last nam	e first, if	individual)									
Apex	Resou	rces,	Inc.		-	ē		Table 18 1 18 1 18 1 18 1 18 1 18 1 18 1 18					
usiness oi 1705	r Residence Capit	Address al of	(Number :	and Street	City, Sta	te, Zip Co	de) Austin	, Tx	78746				
lame of A	Associated	Broker or	Dealer										
ates in W	Vhich Pers	on Listed	Has Solici	ted or Inte	ends to So	licit Purch	asers						
	'All States						* **					□ Åli S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[coj		[DE]	(DC)	[FL]	[GA]	(HI)	[[D]	
[IL]	[IN]	[IA]	(KS)	[KY]	[CO]	[ME]		[MA]	[MI]	[MN]	[MS]	(MO)	
[MT]	[NE]	[NV]	(NH)	[NJ]	[NM]	[NY]	[NC]		[OH]	[OK]	[OR]	[PA]	
[RI]	(SC)	[SD]	[NT]	[XR]	[UT]	(VT)			[wv]	[WI]	[WY]	[PR]	
·	r Residenc			and Street	, City, Sta	ite, Zip Co	ode)	7 <u></u>		· · · · · · · · · · · · · · · · · · ·			
rame of A	Associated	Proket of	Dealer										
	Which Pers					licit Purch	asers						_
(Check	"All States	s'' or chec		al States)			· · · · · · · · · · · · · · · · · · ·	•					States
													•
[AL]	{AK}	[AZ]		[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[1D	
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[AL] [IL] [MT]	{AK} {IN} [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	(Mi) [OH]	[MN] [OK]	[MS] [OR]	[1D [MO [PA	}
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA]	.[ME]	[MD]	[MA]	{ MI }	[MN]	[MS]	[1D [MO	}
[AL] [IL] [MT] [RI]	{AK} {IN} [NE]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	(Mi) [OH]	[MN] [OK]	[MS] [OR]	[1D [MO [PA	}
[AL] (IL] (MT] (RI]	[AK] [IN] [NE] [SC]	[1A] [NV] [SD] ne first, if	[KS] [NH] [TN] individual	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND]	(Mi) [OH]	[MN] [OK]	[MS] [OR]	[1D [MO [PA	}
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[AL] [IL] [MT] [RI] Full Name	[AK] [IN] [NE] [SC]	[IA] [NV] [SD] ne first, if	[KS] [NH] [TN] individual	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND]	(Mi) [OH]	[MN] [OK]	[MS] [OR]	[1D [MO [PA	}
[AL] [IL] [MT] [RI] Full Name Susiness of	[AK] [IN] [NE] [SC] (Last name) Residence Associated	[IA] [NV] [SD] ne first, if the Address Broker or	[KS] [NH] [TN] individual (Number	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND]	(Mi) [OH]	[MN] [OK]	[MS] [OR]	[1D [MO [PA	}
[AL] [IL] [MT] [RI] Full Name Business of	[AK] [IN] [NE] [SC] e (Last name) or Residence Associated	[IA] [NV] [SD] ne first, if te Address Broker or	[KS] [NH] [TN] individual (Number Dealer	[KY] [NJ] [TX] and Street	[LA] [NM] [UT]	[ME] [NY] [VT] ate, Zip Co	[MD] [NC] [VA]	[MA] [ND]	(Mi) [OH]	[MN] [OK]	[MS] [OR]	[ID [MO [PA [PR	}] 1
[AL] [IL] [MT] [RI] Full Name Susiness of Authority (Check	[AK] [IN] [NE] [SC] e (Last name) or Residence Associated Which Period	[IA] [NV] [SD] ne first, if te Address Broker or son Listed s'' or chec	[KS] [NH] [TN] individual (Number Dealer Has Solices individual	[KY] [NJ] [TX] and Street	[LA] [NM] [UT]	[ME] [NY] [VT] ate, Zip Co	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[ID [MO [PA [PR]]]
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[AL] [IL] [MT] [RI] Full Name Business of A States in V (Check	[AK] [IN] [NE] [SC] e (Last name) or Residence Associated Which Period	[IA] [NV] [SD] ne first, if te Address Broker or son Listed s'' or chec	[KS] [NH] [TN] individual (Number Dealer Has Solices individual	[KY] [NJ] [TX] and Street	[LA] [NM] [UT]	[ME] [NY] [VT] ate, Zip Co	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[ID [MO [PA [PR	State

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

á	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	lati ne bi ayeen		oren eta ego.
•		Aggregate		Amount Already
	Type of Security	Offering Pric		Sold
	Debt			•
	Equity	S		\$
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$	—	\$
	Partnership Interests	\$	_	2
	Other (Specify Undivided Fractional Workling Interests	5 _342,000)	342.000
	Total	342,000)_	<u>1</u> 342,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
(Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	10	_	\$ 278,750
	Non-accredited Investors	8		s 63,250
	Total (for filings under Rule 504 only)	18		342,000 s
	Answer also in Appendix, Column 4, if filing under ULOE.		_	
1	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of		Dollar Amount
	Type of offering	Security		Sold
	Rule 505	· · · · · · · · · · · · · · · · · · ·		s
	Regulation A			\$
	Rule 504			\$
	Total			\$
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the		_	
	securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	*****		\$
	Printing and Engraving Costs			<u>s 6,000</u>
	Legal Fees			s 6,000
	Accounting Fees		_	5,000
	Engineering Fees		٥	•
			_	s 25,000
	Sales Commissions (specify finders' fees separately)		_	s 15,000
	Other Expenses (identify)			\$ 13,000 \$ 57,000
	Total			s

b. Enter the difference between the aggregate offering price given in response to Part C-tion I and total expenses furnished in response to Part C - Question 4.a. This difference "adjusted gross proceeds to the issuer."	ic the			<u>\$342,000</u>
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furn estimate and check the box to the left of the estimate. The total of the payments listed must the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b a	ish an equal		s. , &	Payments T Others
Salaries and fees	□ \$		0	S
Purchase of real estate	□ \$		c	s
Purchase, rental or leasing and installation of machinery and equipment				
Construction or leasing of plant buildings and facilities	□ \$] \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)				
Repayment of indebtedness				
Working capital	□ \$	·	0	⊃ \$
Other (specify):	. 🗆 \$		(
				•
	□ \$	<u>57,000</u>	2 (\$265,000
Column Totals	. - S	57,000	2	s 265,000
Total Payments Listed (column totals added)			<u>s</u> 322	,000
				·
D. FEDERAL SIGNATURE		, -	· · · · · · · · · · · · · · · · · · ·	
The issuer has duly caused this notice to be signed by the undersigned duly authorized perso following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities a quest of its staff, the information furnished by the issuer to any non-accredited investor put	nd Ex	change Co	mmissio	n, upon written
Issuer (Print or Type) Kim #3# Working Signature			Date	, <u>, , , , , , , , , , , , , , , , , , </u>
terests/Apex Resources, Inc. Mana Farcia			Feb.	20,2003
Name of Signer (Print or Type) Title of Signer (Print or Type)				

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		·
	E. STATE SIGNATURE	
1. Is any party described in 17 CFR 230 of such rule?	.252(c), (d), (e) or (f) presently subject to	any of the disqualification provisions Yes No
	See Appendix, Column 5, for state resp	onse.
2. The undersigned issuer hereby underta Form D (17 CFR 239.500) at such tir	tkes to furnish to any state administrator ones as required by state law.	f any state in which this notice is filed, a notice on
3. The undersigned issuer hereby undertaissuer to offerees.	ikes to furnish to the state administrators,	upon written request, information furnished by the
limited Offering Exemption (ULOE) of		has must be satisfied to be entitled to the Uniform understands that the issuer claiming the availability a satisfied.
The issuer has read this notification and knundersigned duly authorized person.	nows the contents to be true and has duly o	caused this notice to be signed on its behalf by the
ssuer (Print or Type)	Signature	Date
Name (Print or Type)	Title (Print or Type)	l

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.